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23 UNITED STATES DISTRICT COURT
24 FOR THE NORTHERN DISTRICT OF CALIFORNIA
25 SAN FRANCISCO DIVISION

26 AMERICAN FEDERATION OF
27 GOVERNMENT EMPLOYEES, AFL-CIO, et
28 al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

Case No. 3:25-cv-03698-SI

DECLARATION OF SHAUN O'BRIEN

DECLARATION OF SHAUN O'BRIEN

I, Shaun O'Brien, declare as follows:

1. I am over 18 years of age and competent to give this declaration. This declaration is based on my personal knowledge, information, and belief.

2. I am a Policy Strategist in the Research and Collective Bargaining Services department of the American Federation of State, County, and Municipal Employees (AFSCME). I have worked for AFSCME for 6 years. In my role, I oversee a team of policy advocates, with a focus on federal regulatory work. I also provide support and guidance for the state and local legislative work of AFSCME subordinate bodies, called councils or locals, that are member affiliates of AFSCME International; under the AFSCME International Constitution, all members of AFSCME affiliates are members of AFSCME International. I also oversee the provision of technical assistance to AFSCME affiliates on the application of federal laws and rules in their workplaces, such as allowable uses of federal funding received by AFSCME members' employers, among other things. Lastly, I have extensive and specialized knowledge regarding health and retirement benefits.

3. AFSCME represents 1.4 million members in communities across the nation. These members include federal employees, employees of state and local government, and employees in the private sector. Through my work, I am familiar with the broad range of jobs that AFSCME members perform and the ways in which their jobs rely on federal support, including the reliable disbursement of federal funding and technical assistance from federal employees in multiple agencies. The federal government's plan to eliminate hundreds of thousands of jobs across federal agencies will harmfully impact the work AFSCME members perform. The information below provides examples of how efforts to reorganize, and significantly reduce, the federal government will harm AFSCME members.

Department of Health and Human Services

4. The Department of Health and Human Services (HHS), through the Administration for Children and Families (ACF) Office of Head Start administers the Head Start program. Head Start provides free learning and development services to qualifying children between birth and age

1 five. It also offers parental resources, including to expectant families. Head Start's mission is to
2 provide high-quality services in safe and healthy settings to prepare children for school and life.
3 AFSCME represents members who work at Head Start programs across the country, including in
4 California, Colorado, Illinois, and New York. For example, AFSCME Local 146 is the exclusive
5 bargaining representative of all Head Start Unit employees of the Sacramento Employment and
6 Training Agency (SETA), including those in job classifications ranging from teachers to mental
7 health coordinators, to cooks, to intervention specialists, and many more.

8 5. Each Head Start program is primarily funded through federal grant money
9 administered by HHS. In addition to selecting, through competitive application, Head Start grant
10 recipients, HHS is also responsible for allocating and distributing money for training and technical
11 assistance to Head Start grant recipients and their staff; research, demonstration and evaluation
12 activities; other discretionary payments to program participants; and cost-of-living adjustments for
13 grant recipients. Each Head Start agency (i.e., the entity receiving the Head Start grant to operate a
14 Head Start program) must submit periodic financial reports to regional HHS offices. And HHS,
15 through ACS, is responsible for conducting program performance reviews of the agencies.

16 6. In 2024, HHS finalized a rule to make changes to the Head Start Program
17 Performance Standards. Many of these performance standards are geared toward improving
18 working conditions for Head Start staff, including AFSCME members. These changes include
19 requiring Head Start agencies to adopt and implement a systemic approach to staff training and
20 professional development, 45 C.F.R. §§ 1302.92, certain maximum staffing ratios, 45 C.F.R. §
21 1302.52(d)(2), and ensuring meaningful and effective employee engagement, 45 C.F.R.
22 § 1302.101(a)(2).

23 7. A significant reduction of HHS staff will affect AFSCME members who work at
24 Head Start agencies on multiple fronts. An understaffed HHS will almost certainly (a) delay the
25 payment of federal grant money to Head Start agencies, affecting AFSCME members who work
26 there; (b) fail to grant timely waivers from program requirements that are necessary for the
27 agencies; (c) fall short on its investigatory duties; and (d) fail to enforce the newly finalized rules
28 specifically benefiting Head Start staff.

1 8. HHS also houses the Office of Child Care, which oversees the Child Care and
2 Development Fund. That Fund pays grant money to states, which then disburse that money to
3 family childcare providers (who are AFSCME members) to subsidize the cost of care for parents
4 who use that childcare, thus creating jobs for AFSCME members. The Office of Child Care
5 provides other services, including compiling and hosting technical assistance resources online,
6 hosting a webpage regarding emergency preparedness that includes information on spending
7 flexibilities in responding to emergency situations, and providing policy interpretations for
8 practical topics like construction and renovation of childcare facilities.

9 9. In 2024, HHS finalized a rule making regulatory changes to the Child Care
10 Development Fund aimed at lowering costs for families, improving provider payment rates and
11 practices, and simplifying enrollment in the subsidy program. The Office of Child Care will
12 oversee the rollout of this new rule—which is not yet complete—and its enforcement thereafter,
13 which will benefit family childcare providers who are AFSCME members, but only if there is
14 adequate staffing to conduct investigations.

15 10. AFSCME represents family childcare providers in California, Pennsylvania, New
16 Jersey, New York and Oregon. This includes the members of Child Care Providers United
17 (CCPU), a union of child care workers in California that brings together over 40,000 family child
18 care providers and is a partnership of unions including AFSCME Local 3930. These providers run
19 small, family childcare centers, often out of their own homes. They rely on a fully functional and
20 fully staffed Office of Child Care to disburse grant money on time, to provide guidance on
21 compliance with the various regulations that govern the members' individual small businesses,
22 and to oversee the implementation of the 2024 rule regarding the Child Care Development Fund.
23 AFSCME members who work as family child care providers will simply go out of business if they
24 do not receive their grant money on time, which is almost certain to happen if HHS carries out its
25 announced reorganization plan. AFSCME members will also be harmed if HHS's Office of Child
26 Care is decimated by the planned reorganization, as that will significantly impact the rollout of the
27 new rule and implementation of the subsidy program.

1 11. AFSCME represents approximately 350,000 members in the health care sector
2 whose work relies on federal administration and oversight of Medicaid, which is also performed
3 by HHS. AFSCME's members include employees who work in state and county administration of
4 Medicaid, such as those who make Medicaid eligibility determinations; case managers for people
5 with disabilities, who in turn rely on Medicaid; health care professionals who treat and care for
6 individuals covered by Medicaid, including some whose employer is both the Medicaid managed
7 care plan covering Medicaid enrollees and their health care provider such as members of
8 AFSCME affiliate United Nurses Associations of California / Union of Health Care Professionals
9 (UNAC) who work for ~~Kiser~~ Permanente in California among others; workers in nursing homes,
10 which rely heavily on Medicaid because it covers the majority of nursing home residents;
11 independent home care providers who care for Medicaid enrollees with disabilities, including
12 members of AFSCME local 3930, United Domestic Workers (UDW) in California; emergency
13 medical technicians and paramedics who treat and transport Medicaid enrollees in ambulances;
14 interpreters paid by state Medicaid programs who help individuals with language barriers
15 communicate with their care providers, among others. Each of these members relies on a fully
16 staffed and functional HHS for the timely, accurate and effective administration and oversight of
17 Medicaid and the promulgation of rules, guidance and state-specific waivers and demonstration
18 projects essential to the operation of state Medicaid programs. For instance, the federal
19 government sets and updates minimum eligibility requirements, informing the eligibility
20 determinations that AFSCME members make and, absent these requirements, AFSCME members
21 will not be able to perform their jobs or will be severely impacted in their ability to do so.
22 AFSCME member care providers are compensated for their work based on reimbursement rates
23 set pursuant to HHS guidance, especially in the case of Medicaid managed care plans, capitated
24 rates subject to annual HHS review and approval: absent a functional HHS, these members'
25 compensation will be threatened. Eliminating or significantly scaling back staffing of Medicaid
26 would thus harm these members.

27 12. HHS also houses the Centers for Disease Control and Prevention (CDC). The CDC
28 is the nation's health protection agency and, among other things, publishes research and guidance

1 about emerging public health threats. AFSCME represents members who work in the public health
2 field in a variety of capacities, including disease tracking and immunization promotion and
3 administration. Many of these AFSCME public health employee members work for public health
4 authorities directly, and these public health authorities share information with the CDC to inform
5 its public health tracking and in turn rely on CDC data to inform their own work. These members'
6 jobs will be harmed if CDC staff is cut and it is unable to perform the same quality and volume of
7 work.

8 13. Within the CDC is the National Institute for Occupational Safety and Health
9 (NIOSH). NIOSH was created by the Occupational Safety and Health (OSH) Act to be the lead
10 research agency for the federal government. The agency focuses on workers in the highest risk
11 industries – mineworkers, firefighters, construction workers, healthcare workers and agriculture
12 workers – all of whom are at high risk of job injuries, illness and fatalities. NIOSH is the
13 only federal government agency broadly charged with conducting research and gathering and
14 analyzing information to keep workers safe and healthy. NIOSH collaborates with employers and
15 employees to translate research findings into practical solutions.

16 14. NIOSH research, evaluations, and certifications are known by businesses and
17 workers globally. The work it does includes: ensuring that respirators used by 50 million
18 American workers function effectively; protecting firefighters from cancer and coal miners from
19 lung disease; investigating mysterious occupational disease outbreaks caused by chemicals or
20 infectious diseases; ensuring drivers are focused on the road and not distracted; assisting
21 workplaces to address substance use disorders brought on by the growing scourge of opioids; and
22 training, through 18 Education and Research Centers, the next generation of health and safety
23 professionals to monitor potential occupational health threats at workplaces nationwide. NIOSH's
24 work informs worker safety across sectors; without its vital research and information distribution
25 all workers, including AFSCME members in the private sector, will be less safe on the job.

26 15. Specifically, AFSCME represents members who work as health technicians,
27 nurses, disease intervention specialists, dental hygienists, medical assistants, medical
28 technologists, autopsy technicians, lab technicians, forensic toxicologists, deputy coroners,

1 custodians, maintainers, street laborers, mechanics, parks laborers, painters, electricians, HVAC
2 mechanics, waste treatment workers, sanitation workers, sewage disposal workers, and engineers
3 who rely on respirator protection to keep them safe on the job. Without NIOSH expertise to verify
4 their respiration protection is real and adequate, and NIOSH information regarding the limits of
5 respirators, these members will be unable to rely on their PPE when performing essential job
6 functions. Further, without NIOSH to certify new respirators, these workers will not benefit from
7 future advances in respirators. To take just one example, AFSCME affiliate United Nurses
8 Associations of California / Union of Health Care Professionals (UNACUHCP) represents more
9 than 40,000 registered nurses and other healthcare professionals in California and Hawaii.

10 16. NIOSH also offers no-cost Health Hazard Evaluations to help employees, unions,
11 and employers learn whether health hazards are present at their workplaces. It also recommends
12 ways to reduce hazards and prevent work-related illness. For example, I am aware that an
13 AFSCME local union in Arizona requested such an evaluation to assess workplace safety. Without
14 staff, NIOSH cannot continue to offer this free resource, which will in turn be unavailable to
15 AFSCME and its members to use to improve their working conditions through collective
16 bargaining.

17 **Department of Agriculture**

18 17. The Department of Agriculture (USDA), administers several programs relating to
19 food in public schools, including the National School Lunch Program, the School Breakfast
20 Program, the Special Milk Program, and the Summer Food Service Program. These programs pay
21 for a large proportion of school food service in public K-12 schools. USDA also recently
22 published updated dietary guidelines for school lunches. *See* 89 Fed. Reg. 31962 (Apr. 25, 2024).

23 18. AFSCME members include people who work in food service in K-12 schools.
24 Their wages and benefits are funded at least in part by funding from the school food programs
25 listed above. These AFSCME members are also on the front lines of adapting practices to conform
26 to the new dietary guidelines. Without a fully staffed and functional USDA, these members cannot
27 count on the money that funds their jobs to be reliably disbursed. They also cannot rely on
28 guidance from the USDA on how to properly implement updated nutrition guidelines. Notably, the

1 2024 rule requires changes to school nutrition in phases, beginning with the upcoming 2025-2026
2 school year. This is a critical time during which school nutrition professionals will rely on the
3 USDA as a source of information, training, and guidance to implementing its newly developed
4 changes.

5 19. USDA also administers the Child and Adult Care Food Program, which provides
6 reimbursements for nutritious meals and snacks to children enrolled at participating childcare
7 centers. Many of AFSCME's members who provide family childcare, discussed above, receive
8 reimbursement for the food they serve through this program. These family childcare providers
9 generally serve low-income families and operate on very slim margins. They would not be able to
10 cover the costs of meals without CAFCP funding. Without adequate USDA staff to process
11 CAFCP grants made to the intermediaries that distribute funding directly to family childcare
12 providers, these AFSCME members generally will either have to pay out of pocket to feed the
13 otherwise eligible children for whom they care, or more likely stop offering meals as part of their
14 program.

15 20. **Department of Labor**

16 21. The Department of Labor (DOL) houses the Occupational Safety and Health
17 Administration (OSHA). OSHA administers and enforces the OSH Act and is dedicated to
18 creating safe and healthy working environments across the country. The OSH Act directly covers
19 most private sector workplaces as well as certain public sector workplaces in states that have
20 chosen to adopt and operate their own OSHA state plan for either just state and local public sector
21 workplaces or both those workplaces and private sector workplaces. Many states have their own
22 OSHA programs, which are required to meet minimum federal requirements, including by
23 establishing requirements that are at least as effective as Federal OSHA standards in regulating
24 private and public workplaces, and are monitored and evaluated annually by Federal OSHA.
25 Federal OSHA sets and enforces safety standards; provides training, outreach, education, and
26 assistance; and works collaboratively with state OSHAs to ensure they meet minimum federal
27 requirements, including that they adopt standards that are at least as effective as Federal OSHA
28 standards.

1 22. AFSCME represents members who work at state OSHA agencies, who rely on the
2 federal government to set minimum standards to inform the work that state OSHAs do. Without a
3 functional federal OSHA, members at these state entities will be left without guidance for setting
4 and implementing their own standards, especially in response to emerging workplace hazards like
5 heat stress.

6 23. AFSCME also represents members in states that have adopted state OSHA plans
7 that cover their workplaces and therefore count on the adoption and implementation of effective
8 state plans to ensure safe and healthy workplaces. Weaknesses in state OSHA plans that result
9 from not having a functional federal OSHA will threaten the workplace safety and health of those
10 members. This includes AFSCME members in the private sector who work in first responder
11 jobs, including Emergency Medical Technicians and paramedics in California and other states.

12 24. AFSCME also represents members who work in the private sector whose
13 workplaces are in states that have not adopted state OSHA plans for the private sector and are
14 therefore regulated directly by Federal OSHA. For example, AFSCME represents members who
15 work at private hospitals and nursing homes, including in New Jersey, who rely on OSHA
16 protections to keep them safe at work. They rely on strong federal OSHA enforcement to keep
17 them safe at work. And AFSCME represents employees of the Shedd Aquarium in Chicago,
18 Philadelphia Zoo, and other facilities involving direct interaction with animal life where OSHA
19 compliance, and the threat of enforcement, directly impacts member safety on the job.

20 25. AFSCME as a union also relies on OSHA resources when bargaining contracts
21 with employers and when enforcing member rights on the job. AFSCME relies on OSHA
22 resources to research occupational safety and health recommendations and incorporates those
23 recommendations into contract language that AFSCME bargains for on behalf of members.

24 26. AFSCME staff also regularly contact OSHA Compliance Assistance Specialists,
25 who provide free training and compliance assistance to employers and labor. Those Specialists
26 help AFSCME staff gauge whether employers are compliant with OSHA and troubleshoot safety
27 issues. They also present trainings and information sessions for members and employers that
28 AFSCME has attended.

1 27. If OSHA is unable to continue to update its guidance documents and training
2 resources—or even if it is slower to do so, which it is certain to be with staffing cuts—the loss of
3 authoritative and up-to-date sources of safety standards and recommendations will weaken
4 AFSCME’s power at the bargaining table to negotiate for workplace safety improvements that
5 have, until recently, been accepted as consensus best practices.

6 28. And if OSHA does not have staff working as Compliance Assistance Specialists, or
7 if these specialists are fewer in number and thus less readily available (as they certainly will be
8 with staffing cuts), AFSCME will lose, or see delays in accessing, that valuable resource for
9 enforcing its members’ rights on the job. As a result, AFSCME’s members will be compelled to
10 work in workplaces that are less safe, and they will be subject to greater risk of occupational
11 injury, illness and death.

12 29. DOL also houses a Wage and Hour Division (WHD), the mission of which is to
13 enforce compliance with labor standards, specifically regarding worker pay and certain leave
14 requirements. In 2023 and 2024, employees at the Maryland Department of Public Safety and
15 Correctional Services, including AFSCME members, received a settlement for nearly \$3 million
16 to remedy wage theft under the Fair Labor Standards Act. The settlement was a direct result of a
17 years-long investigation by the WHD. The WHD is responsible for administering the settlement
18 and will process individual claims for settlement funds for at least three years after the settlement.
19 If DOL significantly reduces the staff in the WHD, the office very likely will be unable to process
20 any future AFSCME member claims in a timely way. If DOL significantly reduces the staff in the
21 WHD, the office also will be unable to as effectively enforce wage and hour requirements, and
22 violations of AFSCME members’ rights will go unvindicated or, at a minimum with major staffing
23 cuts, be unnecessarily protracted.

24 30. The Bureau of Labor Statistics (BLS) is within DOL as well. AFSCME relies on
25 BLS’s data compilation and reporting in its daily work. For instance, after the COVID-19
26 pandemic, state and local governments generally had high numbers of vacant positions but were
27 unable to fill those vacancies quickly. AFSCME staff identified this trend by analyzing BLS’s
28 monthly Job Openings and Labor Turnover Survey (JOLTS). We then worked with the employers

1 to address that staffing gap. We also rely on BLS's monthly employment report to inform our
2 strategic thinking and BLS's consumer price index to inform our negotiations for wage increases.
3 With significant cuts to staffing, BLS will be unable to continue to gather the data or to compile
4 the data into these monthly reports that are essential to tracking labor trends, informing strategic
5 decision-making for the union, and identifying specific problems affecting state and local
6 government employers, and, in turn, our members.

7 31. The Employee Benefits Security Administration (EBSA) within DOL oversees
8 millions of private-sector benefits plans, including retirement, health, and welfare benefit plans,
9 across the country. The office develops regulations; enforces federal employee benefits laws; and
10 provides educational resources for all involved in benefits administration, from individual
11 employees to service providers to plan sponsors. EBSA runs a direct hotline that guarantees a
12 return call by the next business day, open to individual benefits recipients, plan administrators, and
13 practitioners. AFSCME represents approximately 100,000 members in the private sector, many of
14 whom rely on EBSA's regulations, enforcement, and direct assistance services to ensure they
15 receive health and retirement benefits in accordance with law. An understaffed EBSA would
16 undermine the security of their employer-sponsored benefits.

17 **Department of Veterans Affairs**

18 32. AFSCME members perform a variety of roles at State Veterans' Homes. These
19 Homes are facilities that provide nursing home, domiciliary, or adult day care to veterans. They
20 are owned and operated by state governments, but the Department of Veterans Affairs (VA) must
21 formally recognize and certify each home and survey each facility every year to ensure it
22 continues to meet VA standards. The VA also significantly funds these homes through per diem
23 funding and through grant money for special projects like capital improvements.

24 33. AFSCME members work in these homes in Alaska, California, Delaware, Iowa,
25 Illinois, Louisiana, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico,
26 Ohio, Pennsylvania, Rhode Island, and Washington. They perform a range of jobs, including
27 working as nurses, certified nursing assistants, support staff, facilities maintenance, cleaning
28

1 services, and food services. For example, AFSCME represents Alcohol Treatment Counselors
2 serving state veterans homes as employees of the California Department of Human Resources.

3 34. An understaffed VA will be less reliably able to process grant money that supports
4 these homes' work and will be less able to process applications for capital improvement grants.
5 An understaffed VA will almost certainly fall behind on annual inspections of the homes. That
6 lack of oversight would result in a loss of funding or a degradation of working conditions for
7 AFSCME members, as these homes may be regularly the subject of required improvements as a
8 result of the inspections.

9 **Social Security Administration**

10 35. AFSCME represents members who work for state agencies that determine
11 eligibility for Disability Insurance (DI) benefits through the Old Age, Survivors and Disability
12 Insurance (OASDI) program. This is an interactive process between the state agencies and the
13 federal SSA. SSA sets rules and guidance governing eligibility for DI. SSA is also the entity that
14 ultimately pays the benefits. The state agencies' involvement consists of receiving an application
15 that has been referred from SSA to the state agency, conducting an assessment regarding whether
16 the individual has a qualifying disability, then sending that determination back to SSA. State
17 agencies also rely on SSA-administered technology in making their assessments, including SSA
18 software that allows staff to upload voluminous medical records for faster assessment.

19 36. AFSCME represents members who work at state determination entities in
20 California, Illinois, Minnesota, Nebraska, Ohio, Oregon, Pennsylvania, and Washington. In
21 California, this includes physicians who are involved in the medical assessments that inform the
22 state determinations; they are represented by the Union of American Physicians and Dentists, an
23 AFSCME affiliate.

24 37. Without adequate staff at SSA to refer applications to state and local entities,
25 receive and process state determinations, and ensure that SSA-hosted technology is functional,
26 these AFSCME members will be significantly hindered in performing their jobs; and even modest
27 understaffing will immediately lead to delays in this active collaboration between AFSCME
28 members and SSA staff that is mission critical for AFSCME members to do their jobs.

38. Of AFSCME's membership, approximately 200,000 are retired public service workers who remain members of AFSCME, participate in its governance, and advocate for fairness, equality, and income security for retired Americans. AFSCME's retiree membership is organized into local and state chapters that are chartered by AFSCME. They elect local and state leadership and, together, organize under a national Retiree Council. Many of AFSCME's retiree members are eligible for Social Security benefits, either by virtue of age, survivorship, or disability. Many AFSCME members (retiree or not) also have children who receive disability benefits administered by SSA or who receive survivor or dependent benefits. Without a fully functional SSA, these members face interruption in their receipt of benefits.

Department of Housing and Urban Development

39. AFSCME represents over numerous bargaining units of members who work at housing authorities across the country, including employees of the following housing authorities in California: San Mateo County, Contra Costa County, Berkeley City, and Los Angeles City. Housing authorities generally oversee public housing in their geographic area. Among other things, housing authorities check individuals' eligibility to live in public housing, which is based on their income and family size. They do so based on income limits set by the Department of Housing and Urban Development (HUD).

40. HUD funds public housing authorities. Local HUD offices also refer those seeking residency in public housing to housing authorities. Significant staffing cuts at HUD will jeopardize the regular and timely distribution of HUD money to housing authorities, will make HUD less able to regularly update its income eligibility rules, and force HUD to close its local offices, threatening AFSCME member jobs (as funding delays reduce the employer's ability to budget and pay AFSCME member salaries) and eliminating a vital resource for the communities that AFSCME members represent.

Small Business Administration

41. Many AFSCME members carry student loan debt. As public servants, many have benefited from the Public Service Loan Forgiveness program and from income-driven repayment options that attach to the federal student loans of those employed in the public sector. The Trump

1 administration has announced that it will transfer the processing of student loans from the
2 Department of Education to the Small Business Administration (SBA). A severely understaffed
3 SBA will be less likely to timely process loan forgiveness or to be responsive to requests to adjust
4 income-based repayment to align with members' income and family size, causing significant
5 financial harm to AFSCME members.

6 **Department of Transportation**

7 42. Federal funding for transportation activities and infrastructure comes primarily
8 from the U.S. Department of Transportation (DOT). DOT programs fund construction on federal-
9 aid highways, bridges, tunnels, ports, airports, ferries and public transit. Federal funds can also
10 generally be used for capital construction, acquisitions, and other projects. Federal highway funds
11 may be used for "preventive maintenance," which might include surface treatments like chip seals
12 or micro-surfacing, ditch restoration, traffic signal rebuilds and upgrades, and many other types of
13 activities.

14 43. AFSCME represents highway maintenance workers, bridge maintenance workers,
15 environmental specialists and planners across the country, all of whom perform duties on a regular
16 basis that could qualify for federal funding and would be undermined should an understaffed
17 Department of Transportation be unable to timely and consistently process the distribution of
18 federal funds. For example, AFSCME represents a bargaining unit of employees of the Santa
19 Clara Valley Transportation Authority, and another of the Golden Gate Bridge, Highway and
20 Transportation District Painters.

21 44. The Federal Transit Administration (FTA), part of DOT, manages and disburses
22 federal funds for public transit. This includes federal support for transit worker training and re-
23 training, certain security expenses at large transit agencies, and other activities.

24 45. AFSCME represents members who work at transit agencies in California,
25 Connecticut, Iowa, Florida, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon,
26 Virginia, Washington, and Wisconsin. Many transit agencies with AFSCME collective bargaining
27 agreements rely on the federal government to cover a significant share of operations and
28 maintenance costs.

1 46. Disruption of distribution of federal funding to public transit would have immediate
2 and catastrophic impacts on transit agencies and their workers, irrespective of the type, size or
3 location of the agency. Transit providers would likely be forced to reduce service substantially,
4 decrease maintenance intervals, and dramatically reduce administrative staff and costs until
5 alternative revenue sources, such as local taxes or fees, could be identified and enacted. The
6 federal government provides support for preventive maintenance on vehicles and infrastructure –
7 which many AFSCME members may perform regularly – that covers up to 80% of the cost.
8 Funding for paratransit services would also be in jeopardy. Federal funds for training and
9 upskilling workers, IT upgrades or enhanced security for transit agencies would also be at risk.

10 **National Labor Relations Board**

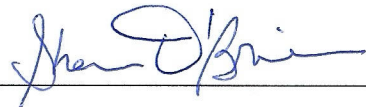
11 47. The National Labor Relations Board (NLRB) protects the rights of private sector
12 employees. It enforces the 1935 National Labor Relations Act and, in that capacity, is integral to
13 private sector unions, including AFSCME's approximately 100,000 private sector members. The
14 NLRB conducts union elections, investigates and adjudicates unfair labor practice charges, and
15 makes and enforces substantive rules governing labor relations in the private sector, among other
16 things.

17 48. Without a functional NLRB, including its 48 regional offices throughout the
18 country, AFSCME will be hampered in its ability to form new private-sector units or file and
19 resolve unfair labor practice allegations on behalf of its private-sector membership. AFSCME
20 private sector members are already experiencing significant delays in the processing of pending
21 Unfair Labor Practice charges they have filed; any reduction in staffing would further delay the
22 legal relief to which these AFSCME members are entitled.

23 **Department of the Treasury**

24 49. The Department of the Treasury (Treasury) is responsible for disbursing much of
25 the grant money discussed above, including block grants, formula grants, and direct payments for
26 specified use. Without a functional Treasury, or even just with a lower-staffed Treasury
27 Department of any kind, these payments very likely will be delayed or stop altogether, severely
28 harming AFSCME members and jeopardizing their jobs.

1
2 I declare under penalty of perjury under the laws of the United States that the foregoing is
3 true and correct. Executed April 28, 2025, in Washington, D.C.

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5 

6 SHAUN O'BRIEN
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